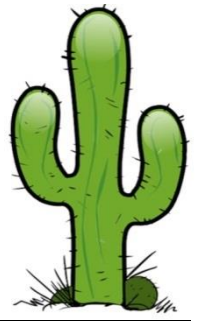


**ST ANNE / ST ANTHONY**  
**2017 WILD WEST VACATION BIBLE SCHOOL**  
**JULY 17<sup>TH</sup> – 20<sup>TH</sup> 8:30AM – 11:30AM**



Student Name	Age	Grade Completed	Gender	T-shirt Size	Crew Leader	
					11yrs & up	Yes/No
1.						
2.						
3.						
4.						

**Family Information**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Church Parish St. Anne / St. Anthony / Other I can help Yes No

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**Allergies or other medical condition** \_\_\_\_\_

Person(s) allowed to pick up my child/children \_\_\_\_\_

		Quantity	Amount due
<b>Children entering Kindergarten – 5<sup>th</sup> grade</b>	<b>\$ 25</b>		
(Includes One Shirt)			
<b>Out of parish fee</b>	<b>\$ 5</b>		

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Total \_\_\_\_\_

**Medical Release:** In case of emergency, I grant permission and hold harmless, St. Anne/St. Anthony Catholic Church, its staff or volunteers, to provide and/or obtain medical attention for my child/children. I realize that the recommendations of emergency medical service will determine which hospital my child will be taken to in the event I cannot be reached. I further authorize the medical personnel of the hospital to care for and treat my child.

Yes No

**Public Information & Communication Release:** I grant permission for St. Anne/St. Anthony Catholic Church Parish School of Religion, to use my child's photograph for use in St. Anne/St. Anthony parish flyers, parish bulletin, parish website or social media.

Yes No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date